APPLICATION

<u>CITY OF LOWELL</u> <u>NORMA LEE MURPHY SCHOLARSHIP</u>

I. Eligibility

- 1. Only residents of the City of Lowell may apply.
- 2. The applicant must be a <u>2008</u> secondary school graduate.
- 3. The applicant must have been accepted to pursue education beyond the secondary school level, on a full-time basis, at an institution deemed accredited by the Scholarship Committee.
- 4. The applicant must show financial need, good character, good scholastic record, involvement In community work or work experience and participation in extra curricular activities.
- 5. Application deadline date: To be received in the City Manager's Office on or before 1:00 p.m., Monday, June 2, 2008.

II. Application

	First Name	MI	Last Name	Male / Female
Student's Soci	al Security Number:	Student's Home	e Phone Number:	
		(H)	(Cell)	
Student's Hon	ne Address:	E-mail address: _		
Number	Street		City	Zip Code
Parent's/Guard	dian's Name and Ado	lress:		
Mother/Guard	ian:			
	Name an:	Address	3	Tel. No.
	Name	Address	S	Tel. No.
What school v	vill you attend next y	ear?		
Is this a 4-year	r degree; 2-year degr	ee; or a 1-or 2-yea	ar technical school c	ertificate program?
Please list clas	ss rank #	out of a class	of #	
Please list any	Work Experience(s)	you have had dur	ring your high schoo	ol years: (per wk./mo.avg
	Name of Employer(s)			<u>Hrs. /Wk</u> <u>Hrs. /Mo.</u>
Soph.				
				
Senior				

9.	Please list any Community Service / Volunteer Work in which you have participated in while attending high school and how often this is performed: (per wk. / mo. avg.)									
	Year	Where:	the section of the se	_	<u>Hrs. /Wk</u>	Hrs./Mo.				
	(1 1-									
	Ŧ .									
	α .									
10.			ties in which you have partic							
	school – clu	bs, athletics, organizations	s, awards) and how often this	is perf	ormed: (per	wk./mo. avg.)				
	<u>Year</u>					Hrs./Mo.				
	Freshman _									
	Senior									
		********	*****							
I certify	that the inform	ation on this application is	accurate and is given with o	our kno	wledge and	approval:				
Applica	nt's Signature:			Date:						
Parent's/Guardian's Signature:				Date:						
i di ciit i		,iiddio		Dute						
APPLI	CATION CHE	<u>CK LIST</u>								
1	Completed Ar	oplication Form (typed or	nrinted)							
			of parent or guardian (or an	ny State	and/or Fed	eral				
	1.		ACCOMPANY APPLICAT	-	una, or rea	Ciui				
3		,	T ACCOMPANY APPLIC		N					
	4. Copy of post secondary school acceptance letter – MUST ACCOMPANY APPLICATION									
	1.	•	om (Guidance Counselors, To							
		dult) – MUST ACCOMI			, F - J -	,				
NOTE:	Failure to pro	perly complete application v	vith all the attachments or to me	eet the d	leadline date	and time of				
ŕ		Failure to properly complete application with all the attachments or to meet the deadline date and time of 1:00 p.m., Monday, June 2, 2008 will make you ineligible for an award.								

PLEASE CHECK TO SEE IF APPLICATION IS COMPLETE

PLEASE RETURN YOUR APPLICATION TO: City of Lowell Scholarship Committee

c/o City Manager's Office Lowell City Hall 375 Merrimack Street Lowell, MA 01852